



**Barrow County School System**

Boldly Committed to Student Success

**Attendance Incentive for Members of PSERS**

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Address \_\_\_\_\_

School/Dept. \_\_\_\_\_ Position \_\_\_\_\_

**For Retirement:**

I plan to retire on \_\_\_\_\_. (attach a copy of your PSERS retirement application or on-line confirmation)

I have accumulated \_\_\_\_\_ sick leave days earned with Barrow County School System and have been employed with the Barrow County School System for at least ten consecutive years. I am requesting the attendance incentive for these days.

I understand that once I am paid for these days they are no longer eligible for retirement or any other use.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Benefits Specialist \_\_\_\_\_ Date Received \_\_\_\_\_

**Please return to:**

Barrow County School System  
Attn. Benefits Specialist  
179 W. Athens St.  
Winder GA 30680  
770-867-4527  
678-425-2896 (FAX)

**For Payroll Use Only:**

Date of Payment _____
# Sick Days Paid Out _____
Daily Rate at Payout _____
Total Sick Leave Payout _____